Agenda

Welcome	**9:30 am – 9:35am**
Public Comment on Dashboard	**9:35 am – 9:45 am**
Behavioral Health Data Dashboard	**9:45am – 10:45am**
Public Comment on Long Term Stay Rec.	**10:45am – 10:55am**
Draft Recommendations on Long Term Stays	**10:55am – 11:55am**
Next Steps	**11:55am – noon**

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Behavioral Health Data Dashboard

- A prioritization exercise was completed by the Task Force on March 10th to narrow down the list of potential measures to include on the dashboard.

- Based on that discussion, we administered a survey to address the specific questions in the legislation and the measures the Task Force prioritized.
  - Respondents include 9 health plans, 1 health system and MHA.

- A revised listing of measures are before you for discussion. In this version, we have removed some detail to focus our discussion on the results of the survey and the questions it raises.

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What would help data sharing and access to relevant data for behavioral health patients?

- Revision of 42 CFR Part 2 and Massachusetts laws that act as a barrier to streamlined information sharing
  - Relatedly, some called for a shared and accurate understanding of HIPAA
- Release of information forms signed at the point of enrollment with MassHealth
- Standardization of EMRs and improvement in interoperability
- Open dialogue to help providers understand medical necessity criteria

Proposed Recommendation: Data Sharing Among State Agencies

- Establish an ongoing state-based data work group charged with:
  - Resolving the barriers to sharing data across agencies, including:
    - Linking data and systems so that individuals can be followed through the different agencies for better program coordination and outcome tracking
    - Setting standard definitions for common data metrics
    - Resolving state-level privacy data issues, including review of existing state laws
  - Streamlining the data reporting requests from external parties
- As envisioned, work group would be established from the Governor's office and include representatives from all health care policy and program related agencies

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What recommendations should be made to improve the collection and access to behavioral health data among all stakeholders?

- Massachusetts privacy laws should be consistent with the federal requirements under HIPAA and allow for behavioral health data to be shared for all treatment purposes
- Providers should include all diagnoses on billing forms, even those that are not related to the primary reason for the visit
- Develop sources of data that measure the system beyond claims and EMRs (e.g., outcome assessments)
- Streamline data reporting to reduce administrative burden on plans
- Data sharing agreements between stakeholders and a more efficient data sharing system
- Evaluate licensure regulations governing:
  - the practices of psychologists and social workers,
  - the privacy of information gathered by these professionals, and
  - the limits on disclosure of such information.

Results of Survey, cont.

- We also asked plans and providers whether they collect and evaluate the data elements specified in Section 230 of Chapter 165.
  - # of patients treated for mental health or substance use diagnoses
  - # and type of mental health or substance use treatments
  - Patient outcomes for mental health and substance use treatments
  - # of people hospitalized due to a mental health or substance use related diagnosis
  - # of ED visits for a mental health or substance use related diagnosis
  - costs of treating individuals hospitalized or who visit the ED with mental health or substance use issues

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Results of Survey, cont.

- Most payers and provider respondents were collecting and evaluating the data periodically.
  - Those plans that were not were typically plans of smaller population sizes.

- However, the measures used to capture the data element and the periodicity with which they review the data varies.
  - This finding reiterates the need for a consistent, state-wide and publicly accessible dashboard on the performance of the behavioral health system

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Review of Dashboard

- As a reminder, the measures for the dashboard were organized around our Characteristics of a High Performing Health System document.
- In addition to the prioritization exercise conducted on March 10th, we solicited feedback on the periodicity of measure collection.
- Today we want to review the measures one more time with some specific questions about inclusion of measures or measure domains.

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Review of Dashboard: Patient Centered Measures

- Are each of the patient-centered measures equally important?
- Should each measure be part of the dashboard?

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Review of Dashboard: Workforce and Infrastructure Measures:

- The Donahue Institute recently completed a Private Practice Clinician Survey on behalf of the SEIU's Local 509 Clinicians United Campaign
- At our March 10th meeting, the Task Force expressed interested in including one Workforce and Infrastructure measures.
- Do you still think this measure should be included? If yes, who should be responsible for conducting the survey and how often should it be completed? How should it be funded?

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Review of Dashboard: Access Measures

- During the last meeting, we discussed the difference in frequency for reporting these measures for ongoing management (as much as daily) and the frequency with which these measures are reported for purposes of the dashboard (quarterly or annually).
- The survey informed us that some measures may be more difficult to collect than others.
- Should all of these measures be included in the dashboard?

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Review of Dashboard: Care Delivery / Outcomes Measures

- During the last meeting, these measures were given high priority. Many of these measures (particularly HEDIS-related) are currently collected by plans. However, some measures may be difficult to collect:
  - provider performance against evidence-based standards of care;
  - reason for death; and
  - % of patients who have stable housing

- How important are these difficult measures? Should any of them be included in the Dashboard? If yes, what are some options to collect the information?

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Review of Dashboard: Fair and Reasonable Payment Measures

- A high priority was placed on these measures during the last meeting and we expect this information to be identifiable through payers.
- For purposes of this dashboard, they would need to be aggregated and reported.
- Is this measure appropriate for a dashboard or should it be recommended as a one-time study?

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Review of Dashboard: Integration Measures

- No integration measures were given a high priority, but this measure does align with the “Characteristics” vision and there is significant work ongoing to increase integration.

- Do you want to reconsider inclusion of a measure on behavioral health integration in the primary care setting?

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Review of Dashboard: Frequency

- Based on our previous discussion, most measures were to be collected annually, or every other year, with the access measures to be collected more frequently.

- Should the dashboard should be published on an annual basis, with reports on the access measures to be published every six months?

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REDUCING THE NUMBER OF LONG TERM PATIENTS IN VARIOUS CARE SETTINGS

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Reducing the Number of Long Term Patients in Various Care Settings

- During the March 24th meeting we reviewed data on the issue of the number of long term patients in acute psychiatric units and DMH Continuing Care Facilities.
- We received input on a set of draft recommendations, but were not able to finish our conversation.
- In the meantime, we've gathered additional input from Task Force members and offer a final draft list of recommendations for discussion.

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Flow, Throughput and Discharge Planning (1 of 3)

1. Further study should be conducted on the barriers to discharging patients from inpatient psychiatric hospitals and continuing care facilities on the weekend, with the goal of developing recommendations for improving patient flow from an acute level of care to intermediate services. This would include, but not be limited to:
   - improving the funding of and/or payer coverage for services provided in community based mental health services (such as, but not limited to, outpatient providers accepting appointments on the weekend, expanding capability for admitting to group homes, developing partial hospitalization programs with weekend appointments),
   - expanding the state program capacity to expedite the placement of children and adults within DCF and DMH coverage services during a weekend discharge,
   - providing funding to expand weekend hours and staffing within community based crisis stabilization services,
   - evaluating and streamlining the current criteria (such as obtaining prior authorization) for community based services by various payers, and
   - closing the gap in payment to cost for mental health services within inpatient mental health facilities to hire additional staff for weekend discharge planning.

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Flow, Throughput and Discharge Planning (2-3 of 3)

2. DMH should continue to pilot its readmission protocol that was designed for the FY 15 Community Expansion Initiative, evaluate its effectiveness and consider adopting for all patients.

3. DMH should track and report clients in continuing care facilities who are being tracked for possible discharge within two weeks, and the common reasons for any delay in discharging those clients.

Inpatient, Outpatient and Community Care Capacity (1-3 of 6)

1. Direct DPH to conduct an analysis on outpatient capacity and demand to assess the robustness of the community systems, in part to identify whether additional investment is necessary.

2. A small number of additional state-licensed, controlled and operated beds should be made available in a newly formed unit at the Worcester Recovery Center for adolescents aged 15 – 17 who exhibit violent and / or aggressive behaviors, and for whom placement in an adult unit or pediatric unit is not possible.

3. Increase awareness among all stakeholders of the available services that keep people healthier, preventing the need for more acute levels of care and that help people transition back to the community after discharge.

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Inpatient, Outpatient and Community Care Capacity (4-6 of 6)

4. Repeal regulation 130 CMR 411.406 and any other similar regulations that prohibit MassHealth from covering outpatient mental health services by any independently licensed behavioral health provider.

5. Enact legislation that would require MassHealth and its behavioral health vendor to contract with any licensed behavioral health provider who is willing to accept the terms required for network participation.

6. MassHealth, its behavioral health vendor and all commercial health plans should be encouraged to develop policies that support the proliferation of evidence-based group treatment for behavioral health.

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Financing the Behavioral Health System (1 of 2)

1. Direct EOHHS to develop and implement an adequately funded total cost of care alternative payment model (APM) for individuals with Serious Mental Illness (SMI) aimed at: improving overall health care outcomes and reducing cost, particularly by reducing, where appropriate, ED utilization, inpatient admissions and readmissions, and unnecessarily longer lengths of stay caused by lack of ability to locate other appropriate and cost effective services within the behavioral health care system.
   - The total cost of care should include all services provided by or on behalf of an EOHHS agency.
   - In developing this APM, EOHHS shall consider the appropriate risk adjustment for the SMI population and quality measures for which providers shall be held accountable.
   - This APM should be applied to the PCC population and incorporated into contracts to be used by managed care organizations.

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Financing the Behavioral Health System (2 of 2)

2. While remaining cost neutral, require MassHealth and its vendors, and commercial insurers to cover medically necessary behavioral health services for all CPT behavioral health diagnostic, assessment and treatment services in accordance with the most recently adopted CPT guide of the American Medical Association, and for fee schedules for reimbursement to providers reflect the relative values between the services as determined by CMS.

Other Recommendations?

- Are there any other recommendations related to the topic of reducing inappropriate lengths of stay for patients / clients in acute psych hospitals or DMH Continuing Care Facilities?

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Next Meetings

- May 19th: 9:30 – noon
  - We will review all of the recommendations for Task Force approval.
- June 11th 9:30 – noon
  - We will review the final report for Task Force approval.

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Contact Information

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